

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re of Application of: Ozenberger et al

Serial No.: 09/172,990 Group No.: 1645

Filed: October 14, 1998 Examiner: Gucker

For: Beta-Amyloid Peptide Binding Proteins and Polynucleotides Encoding the Same

Assistant Commissioner for Patents  
Washington, DC 20231

Sir:

RECEIVED  
FEB 02 2000AMENDMENT TRANSMITTAL LETTER

1. Transmitted herewith for filing is an amendment for this application.

PETITION FOR EXTENSION OF TIME

2. (a) Applicant petitions for an extension of the time for the total number of months checked below:

<input type="checkbox"/>	One Month.	Fee in the amount of	\$	110.00
<input type="checkbox"/>	Two Months.	Fee in the amount of	\$	380.00
<input checked="" type="checkbox"/>	Three Months.	Fee in the amount of	\$	870.00
<input type="checkbox"/>	Four Months.	Fee in the amount of	\$	1,360.00
<input type="checkbox"/>	Five Months.	Fee in the amount of	\$	1,850.00

CERTIFICATION UNDER 37 CFR 1.8(a)

I hereby certify that this paper and the documents referred to as enclosed therein are being deposited with the United States Postal Service on the date written below with sufficient postage as first class mail in an envelope addressed to the Assistant Commissioner for Patents, Washington, DC 20231.

1/21/2000  
DateDarryl L. Webster  
Darryl L. Webster

01/31/2000 NPRASASO 00000172 011300 09172990

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If an additional extension of time is required, please consider this a petition therefor.

**(Check and complete the next item, if applicable)**

- ☐ An extension for \_\_\_\_\_ month(s) has already been secured and the fee paid therefor of \_\_\_\_\_ is deducted from the total fee due for the total months of extension now requested.

OR

- (b) ☐ Applicant believes that no extension of time is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

**Extension fee due with this request: \$870.00**

**FEE FOR CLAIMS**


3. The fee for claims has been calculated as shown below:

<b>CLAIMS AS AMENDED</b>					
(1)  FOR	(2) CLAIMS REMAINING AFTER AMENDMENT	(3)  HIGHEST NUMBER PAID FOR	(4)  NUMBER EXTRA x RATE		(5)  ADDITIONAL FEE
TOTAL CLAIMS	24	24	0	x \$ 18.00	0.00
INDEPENDENT CLAIMS	14	14	0	x \$ 78.00	0.00
MULTIPLE DEPENDENCY FEE				\$ 260.00	
<b>Total Amendment Fee:</b>					<b>\$0.00</b>

- ☒ No additional fee for claims is required.  
☐ Total additional fee for claims required: \$0.00.

4. Method of Payment of Fees:  
Charge Deposit Account No. 01-1300 in the amount of: \$870.00.  
**A duplicate of this transmittal is attached.**
5. Instructions as to Overpayment:  
Credit any overpayment to Deposit Account No. 01-1300.
6. Authorization to Charge Additional Fees  
☒ If any additional extension and/or fee for claims is required, charge  
Account No. 01-1300.

Respectfully submitted,



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